

Browne (B. B.)

With Compliments of the Author

Combined Intra-Uterine and
Extra-Uterine Twin Pregnancy.

With an Analysis of Twenty-four
Cases, and Full Extracts from
the Most Important Cases

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A CONTRIBUTION TO THE HISTORY OF COMBINED INTRA-UTERINE AND EXTRA-UTERINE TWIN PREGNANCY.

WITH AN ANALYSIS OF TWENTY-FOUR CASES, AND FULL EXTRACTS FROM THE MOST IMPORTANT CASES.

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THIS subject has received but little attention at the hands of the profession. So marked is this fact that nearly every reporter of a case has stated that he had never heard or read of its previous occurrence.

Very few obstetrical or gynecological authors make any allusion to it. Cazeaux, Moreau, Jacquemier, Chaille, Joulin, Bush, Spaeth, Spiegelberg, Scanzoni, Schroeder, Bedford, Leishman, Playfair, Thomas, Emmet, and Byford do not mention it in their works. Braun, in his "Geburts-hülfe," among recent German systematic writers, Barnes, in his work on "Diseases of Women," among English writers, and Hodge, in his work on "Obstetrics," among American authors, are the only ones who refer to it, the last mentioning Craghead's case.

My own attention was first called to this subject by the occurrence in Baltimore of Dr. H. P. C. Wilson's case, hereafter reported, and by my being present at the operation through his courtesy; I afterwards determined to look up the literature of the subject, and bring together all the cases that I could find reported; these, as will be seen by the references attached to the table, are for the most part scattered through the various medical journals.

The first case recorded is Duverney's, which occurred in 1708, and the latest Galabin's, in 1880.



2 INTRA- AND EXTRA-UTERINE TWIN PREGNANCY.

The only theory suggested as to the causation of these cases is that of Barnes, who states that the two ova may obstruct each other in their passage along the Fallopian tube, and one be forced back into the abdominal cavity, or remain in the tube and develop there.

According to Parry, twin conception takes place in one out of every twenty-three extra-uterine pregnancies. If this statement be correct it would appear that twin conceptions are about four times as frequent in extra-uterine as they are in intra-uterine pregnancies, for Churchill states the average of intra-uterine twin pregnancies in English, French, and German women to be one in ninety.

These facts have an important bearing on the diagnostic value of the discharge of the decidual membrane, which has never claimed attention. It would be well always to remember the possibility of the escape of the intra-uterine fetus, and that the finding of villi of the chorion in the decidual membranes of suspected cases of extra-uterine pregnancy does not preclude the existence of an extra-uterine fetus, as in the case related in the "*Transactions of the American Gynecological Society*," vol. iv., p. 333.

In regard to the treatment of cases that have reached full term, we shall see from the annexed table that none recovered where the primary operation was resorted to. The large size and extensive and diffuse attachment of the placenta left in situ can hardly fail to cause either fatal secondary hemorrhage or septicemia. In Dr. Wilson's case the placenta was still firmly adherent at the post mortem examination, and there was no indication of the slightest separation.

As the placenta in every case (where its situation has been recorded) was attached almost exclusively to the uterus and Fallopian tube, the entire removal of the latter organs, as in the Porro operation, would appear to give the mother a better chance of recovery.

Synopsis of Twenty-four Cases of Combined Intra-uterine and Extra-uterine Twin Pregnancy.

B. B. BROWNE.

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Number of Case.	By whom Reported.	Where Reported.	Date.	Age of Patient.	Stage of Pregnancy.	Operation Resorted To.	Result of Operation.			Result when left to Nature.		
							Mother.	Intra-uterine Fetus.	Extra-uterine Fetus.	Mother.	Intra-uterine Fetus.	Extra-uterine Fetus.
1	Duverney.	<i>Œuvres Anat.</i> , vol. ii., p. 355.	1708	21	3d mo.	None.	—	—	—	D.	—	—
2	Buck, Wm. D.	Boston M. and S. J., 1856, vol. iii., p. 371.	1856	25	3d mo.	—	—	—	—	D.	—	—
3	Craghead, Wm. G.	Am. J. M. S., Jan. 1850, p. 114.	1849	35	3d mo.	—	—	—	—	D.	—	—
4	Sager, Abram.	Michigan Univ. M. J. Oct. 1870, p. 456.	—	—	3d mo.	—	—	—	—	D.	—	—
5	Tufnell.	Dublin Q. M. J. Sc., May 1866, p. 463.	1860	—	3d mo.	—	—	—	—	D.	—	—
6	Tabbets, ¹	Nashville J. M. and S., Feb. 1869, p. 160.	—	—	3d mo.	—	—	—	—	D.	—	—
7	Sinks, ²	Lancashire M. Herald, Feb. 1873.	1870	23	3d mo.	—	—	—	—	L.	—	—
8	McGee, James J. ³	Richmond and Louisville. M. J., March 1875, p. 311.	1872	28	4 $\frac{1}{2}$ mos.	—	—	—	—	L.	—	—
9	Hodges, John I. ³	St. Louis M. and S. J., Aug. 1874, p. 411.	1873	27	5th mo.	—	—	—	—	L.	—	—
10	Gordon, F. H. ⁴	Western J. M. and S., Oct. 1848.	1847	—	6th mo.	Fetus rem. through vagina.	—	—	—	L.	—	—
11	Galabin.	Med. Times and Gazette, May 1881, p. 605.	1886	36	6 $\frac{1}{2}$ mos.	Laparotomy.	D.	—	—	D.	—	—
12	Argles, Frank.	London Lancet, Sept. 16, 1871, p. 394.	1870	—	7th mo.	None.	—	—	—	D.	—	—
13	Lachapelle, Madame.	Pract. des accouch., tome ii., p. 152.	1811	—	7th mo.	—	—	—	—	D.	—	—
14	Whinnery, Edward. ⁵	Am. J. M. Sc., April, 1846, p. 351.	1845	—	9th mo.	—	—	—	—	L.	—	—
15	Cooke, Louis R.	Trans. Lond. Obst. Soc., vol. v., 1864, p. 143.	1852	39	9th mo.	—	—	—	—	L.	—	—
16	De Rosset, M. J. ⁶	Am. Pract., April, 1878.	1876	27	9th mo.	—	—	—	—	L.	—	—
17	Fennyfather, J. P. ⁶	London Lancet, June 20, 1863, p. 638.	1862	38	9th mo.	—	—	—	—	L.	—	—
18	Starley, S. ⁸	New York M. and S. J., March, 1873, p. 299.	1872	—	9th mo.	—	—	—	—	L.	—	—
19	Pollak, S. ⁸	St. Louis M. and S. J., May 10, 1871.	—	—	—	—	—	—	—	L.	—	—
20	Satterthwait, S. T.	New York M. J., vol. xvi., 1872, p. 387.	1870	35	9th mo.	{ Laparotomy for removal of both children.	—	—	—	L.	—	—
21	Sale, E. Paul. ⁹	New Orleans M. J., Oct. 1879, p. 727.	1870	32	9th mo.	—	—	—	—	L.	—	—
22	Pedlischeck, F. T.	Oesterr. Zischr. f. practk. Heilk.	—	—	9th mo.	—	—	—	—	L.	—	—
23	Chabert, Dr.	Paris med., vol. ii., p. 151.	1874	25	9th mo.	Secondary laparotomy.	—	—	—	L.	—	—
24	Wilson, H. P. C. ¹⁰	Am. J. Obst., Oct. 1880, p. 821.	1880	24	9th mo.	Laparotomy.	D.	—	—	L.	—	—

¹ Ovum found in the right Fallopian tube, which was lacerated.

² Passed fetal bones through the rectum.

³ Supposed to be a tubal pregnancy, which burst, causing death of the fetus.

⁴ Placenta left *in situ*; drainage through vagina.

⁵ An incision was made in the abdominal wall through which the fetus passed one month after.

⁶ Fetus sloughed through into the vagina.

⁷ Mother died one month after term; the extra-uterine child was alive after the delivery of the first.

⁸ Same as 18; at autopsy a full-grown fetus.

⁹ The mother died from septicæmia about ninety-three hours after the operation.

¹⁰ Child living July, 1881.

CASE I. *Dr. Duverney, Paris.* — Madame B., aged twenty-one, married ten months; in the third month of pregnancy, in the year 1708, was attacked with symptoms of threatened abortion, and passed one fetus from the uterus; violent pain set in immediately afterwards, which was soon followed by collapse and death. At the autopsy a three months' fetus was found in the abdominal cavity.

CASE II. *Dr. William D. Buck.* — Tubular pregnancy, a second ovum being found in the cavity of the uterus.

Mrs. B., aged twenty-five, married, was attacked suddenly with intense pain on August 17, 1856, and died in a state of collapse in seven hours. Before she died she stated that she had taken medicine to produce an abortion.

At the autopsy the peritoneal cavity was found to contain six or eight pints of blood partially coagulated.

The uterus was twice its usual size and contained an ovum three inches long in its cavity. The right Fallopian tube was abnormally distended towards its distal extremity. In the tumor was found an ovum less developed than the other.

There were two well marked corpora lutea in the right ovary.

CASE III. *Dr. William G. Craghead.* — N. G., colored, aged thirty-five, of strong constitution, had previously enjoyed excellent health. She had one child at an early age, lived without a husband until she was nearly thirty, when she married, and shortly afterwards gave birth to her second child. Again she became *sine marito*, in which state she remained until Christmas. Having menstruated early in January, 1849, and not since, she supposed herself pregnant. About the first of April she complained of pains resembling those of colic, a tumor was discovered in the left iliac region, pressure upon which gave acute pain. Up to the eighteenth she suffered attacks of pain at intervals, but on this day she was found in a state of collapse, with extremities cold, and pulse scarcely, if at all, perceptible, and complaining of a most distressing sensation in the lower part of the abdomen which was now so greatly distended that the position of the tumor could not be defined. On the evening of the nineteenth labor pains set in, and in a short time she aborted without any diminution of the abdominal distention.

The fetus was well formed, and of rather more than three months' development. She lived until the evening of the twenty-first, when she died rather suddenly; having presented the combined symptoms of obstruction of the bowels and loss of blood.

An autopsy was had on April 22. On opening the body, the whole abdominal cavity was found filled, anteriorly, with coagulated blood, and posteriorly with serum, which had proceeded from the rupture of some of the vessels of the left Fallopian tube, now greatly enlarged and converted into a membranous sac, containing a fetus of the same size as the one delivered *per vias naturales*.

The sac was removed entire. The extra-uterine fetus, still attached by its cord to its own placenta in the tubal sac, its twin from the cavity of the uterus, and the still enlarged uterus were all preserved by Dr. John Neill, of Philadelphia, and were in the cabinet of the late Prof. H. S. Hodge.

The fetus developed in the abdominal sac was rather larger than its fellow from the uterine cavity. Dr. John Neill stated that the abnormal cavity was undoubtedly a dilation of the Fallopian tube of the left side. He exposed and traced the tube from the uterus to its infundibuliform expansion into the walls of the cavity, finding nothing like a continuation of the tube from the external side of the sac, nothing that could possibly be considered as its fimbriated extremity. The distance between the uterus and the uterine side of the tubal cavity or sac, measured along the uncoiled and dissected Fallopian tube, was two and one half inches. The cavity itself was five and one half inches long, and three and one half inches wide, though it was much contracted and diminished from having been preserved in alcohol. The ovary was readily dissected from the external surface of the sac, and its true fibrous structure recognized. The uterus measured six and one half inches in length and three in its greatest breadth, and contained a dark-colored mass which was probably a placenta. The Fallopian tube of the right side deviated from the usual appearance; it was very much dilated in its entire length, and its walls were much softer and less fibrous than in the natural condition of the tube.

CASE IV. *Dr. Abram Sager*. — The history of this case before death is unsatisfactorily related. At the autopsy, which was made shortly after death, the uterus was found enlarged and presenting the aspect of the early months of pregnancy. Its length was four and one half inches, breadth at the fundus three and one half inches, thickness, two and one half inches. Enclosed within the cavity an ovum was found attached by placental villi to the posterior wall above its centre, and invested by a distinct de-

cidua reflexa. The fetus was nearly two inches long. The right Fallopian tube was four inches long and normal, with the important exception that the pavilion was practically bridled by one of its fimbriæ being attached to the opposite margin, thus depriving it of its power to grasp the ovary during ovulation. The left Fallopian tube was six inches long, about one and one half inch from the infundibulum an ovoid tumor existed about one and three quarters inch long and one and one half inches diameter ; it was very firm and lacerated to the extent of two or three lines.

A longitudinal incision revealed the presence of an ovum with villi of the chorion over its whole surface, and containing a fetus about one and one half inches in length attached by its cord to the superior surface of the tube. The right ovary contained two recent corpora lutea near the uterine end. As before stated, the right tube was rendered impervious by a bridle across its pavilion.

CASE V. *Dr. Tuffnell*. — Twin conception from the same ovary ; normal descent of one fetus into the uterus ; arrest of the other in the Fallopian tube ; escape thence, by ulceration, into the abdominal cavity, followed by hemorrhage and death in twenty-four hours.

July 6, 1860. — Mrs. K., twice married, one child seven years old, was taken suddenly at night with very severe pain ; had a weak, fluttering pulse, countenance pale and anxious : she passed into a state of collapse and died at nine P. M.

At the autopsy three quarts of blood were found in the abdominal cavity, with a small fetus floating in it ; there was a rent in the right Fallopian tube, out of which the cyst had escaped containing a fetus one inch long ; the uterus was as large as at the third month of pregnancy and contained a healthy male fetus.

The right Fallopian tube was largely dilated, being at one point one and one half inches in diameter. The right ovary was double its usual size and contained recent corpora lutea, at the outer side of the tube a small placenta was attached.

CASE VI. *Dr. Tebbets*. — Mrs. B., being three months advanced in pregnancy, was, in July, 1855, attacked with violent pains in the abdomen and died in a few hours in a state of collapse.

At the autopsy six or eight pints of blood were found in the abdominal cavity. The right Fallopian tube was lacerated, but

the ovum had not escaped; another fetus about three inches long was found in the uterus.

Two corpora lutea were found in the right ovary.

CASE VII. *Dr. T. Sinks.*—Mrs. S., aged twenty-three, became pregnant in August, 1870. The following December she passed fetal bones through the rectum. In January, 1871, she gave birth to an intra-uterine fetus, of six months' growth.

CASE VIII. *Dr. James F. McGee.*—Mrs. R., aged twenty-eight. Health good up to July, 1872, at which time she supposed herself pregnant; suppression of the menses occurred; morning sickness and vomiting followed, attended by the sympathetic train of symptoms usually following pregnancy. This state of health continued until the 11th of October, without any appreciable intercurrent change or complication.

At this time she suffered with intense, sharp-cutting pains in the hypogastric region, encircling the lateral walls of the abdomen, occasionally remitting in severity, very much simulating incipient labor pains, with a constant tenesmic pressure in the whole intra-pelvic space, and inability to rest in the recumbent position.

On introducing the finger into the vagina, the uterus was distinctly felt occupying the lower and posterior aspect of the pelvic space; the fundus had partially fallen underneath the sacro-vertebral angle, its posterior surface pressing against the anterior aspect of the rectum, producing tenesmus, soreness, and pain in the latter organ.

From the weight and circumscribed character of the uterus, and the resistance yielded upon the touch, it was adjudged to contain a fetus of three and one half months' gestation.

On placing the hand over the hypogastric region, a tumor of unusual hardness and firmness was felt, extending from the pubes to the umbilicus.

On October 20th and 21st she passed several fetal bones from the rectum, and on the 28th labor pains set in, and a fetus of about four months was expelled from the uterus. From this time she rapidly recovered her health and strength.

CASE IX. *Dr. John T. Hodgen.*—Mrs. M. S. C., aged twenty-seven, healthy and regular until November, 1872. Early in January, 1873, she had a severe attack of pain with peritonitis. Shortly after this the extra-uterine fetus ceased to enlarge, and gradually diminished in size, presenting irregularities in form.

On August 17, 1873, she gave birth to a healthy intra-uterine fetus after a labor of eight hours. The hand in the uterus detected the tumor to the left, which was reduced to about one fourth of its former size.

In April, 1874, the woman still suffered from pain and tenderness in the tumor, which was about the size of a lemon.

Dr. Hodgen believed this to have been originally a tubal pregnancy, which burst without much hemorrhage about the fifth month, causing the death of the fetus and a limited peritonitis which gradually subsided.

CASE X. *Dr. F. H. Gordon.*—On July 20, 1847, a negro woman, six months advanced in pregnancy, was taken with labor pains; an extra-uterine fetus passed down upon the posterior cul-de-sac and occluded the uterus.

It was removed through the vagina. Two days afterwards labor pains again set in, and she was delivered within two hours of the uterine child. The woman recovered completely.

In this case the placenta was left behind, and drainage established through the vagina.

CASE XI. *Dr. Galabin.*—The patient was thirty-six years old, was married in the spring of 1878. In the summer of that year she had an abortion, and in April, 1879, was delivered, with the assistance of forceps, of a full term child. She expected her second confinement in September, 1880.

During the fourth and fifth month of pregnancy she had considerable pain and tenderness in the right side of the abdomen.

Two tumors were then discovered. That on the left side gave the usual evidences of fetal life, and was clearly the pregnant uterus. Over the tumor on the right side nothing could be heard by auscultation, therefore it was concluded that there was an ovarian tumor complicating pregnancy.

On June 16, symptoms of rupture suddenly occurred, followed by those of peritonitis, and the outline of the right-hand tumor was found to have disappeared.

The patient's condition having become very critical, and the diagnosis of ruptured ovarian cyst having been agreed upon, an exploratory operation was made upon the 20th. A large quantity of blood and clots were found in the peritoneal cavity, and an extra-uterine fetus contained only in its thin membranes.

The placenta was attached to the back of the pregnant uterus, and to the posterior surface of the right broad ligament; it was

left *in situ*, and a drainage tube placed in the wound, entering the general peritoneal cavity. The operation was performed under carbolic spray.

The patient appeared to do well for the first two days, and the temperature never rose above 99.8°. On the evening of the 22d labor came on, and a child, which presented by the breech, was delivered still born.

Though there was very little hemorrhage by the vagina, a great deal occurred through the drainage tube.

On the 23d, the temperature was normal, but hemorrhage still went on through the drainage tube, and she died on the 24th. Both fetuses appeared to be of about six and one half months' development, but the extra-uterine fetus weighed only one pound and one half, the intra-uterine one, two pounds and three quarters.

The secondary hemorrhage in this case was due to the shrinking of the uterus in the expulsion of the fetus, and the consequent further detachment of the extra-uterine placenta from its posterior wall.

CASE XII. *Dr. Frank Argles.* — Mrs. S., in September, 1870, was suffering from constant nausea; the catamenia were irregular, coming on for one or two days, and stopping for a week, and again returning. This went on to the end of December, when they stopped.

In January pregnancy was diagnosticated; the child could be detected by abdominal examination. She seemed to progress favorably until April 10, when she thought that she felt that the child was dead.

Three days after this she passed from the uterus an ovum of about two months.

The dead child could still be detected, however, by external examination, and by passing the finger into the vagina nothing could be felt through the os uteri, which was slightly dilated. External to the os on the right side the child could be distinctly felt.

The abdomen gradually increased in size until about the end of June, when it seemed to be very much distended.

On July 9th she was retching a great deal and vomiting a greenish fluid, and complained of having felt an acute pain, as if something had burst.

She rapidly sank, and died shortly after midnight.

An autopsy was made three days after death. On opening the

abdomen a male child came immediately into view. It was lying obliquely from right to left ; its head was pressed forward on the chest, the occiput was turned toward the liver, the hands were folded under the chin, the back was turned forwards, and the legs were drawn upwards. The thighs of the child pressed the womb very much downwards and backward towards the rectum, in the shape of a shield ; the bladder was small and pushed a good deal forward ; the intestines were chiefly lying high on the left side, and quite agglutinated, a cyst having formed around the fetus. The liver was adherent to the abdominal muscles, and large flakes of hair were found closely adherent to its under surface.

The left ovary was entire, but very large. There was no trace of the right ovary, although the Fallopian tube on that side was much dilated, readily admitting two fingers. This led to the conclusion that it was a right tubo-ovarian pregnancy, the ovary and end of the Fallopian tube being the original envelope. Decomposition was so much advanced that, on removing the child, the attachment of the placenta could not be found. The child was large, and appeared to be of about seven months. On examining the womb, it was found to be rather large, and very adherent to the surrounding parts. After minutely examining it, no opening into it could be found except through the right Fallopian tube.

CASE XIII. *Madame Lachapelle*, in a letter to Dr. Dubois, describes a case occurring in her practice.

In January, 1811, a woman six months pregnant was brought into the hospital. On the 26th of February natural labor set in, and a dead child was delivered ; afterwards she gradually sank and died in four days.

At the autopsy, on March 2d, a fetus was found in the sitting posture, its placenta attached over the anterior and lower part of the cyst.

CASE XIV. — *Dr. Edward Whinery*. Mrs. M. F. was confined to bed, and complained of much debility. She had a tumor in the abdomen, that extended from the anterior iliac spine of the right side as high as the umbilicus, and passing the linea alba, so as to occupy three fourths of the abdomen.

There was much tenderness on pressure, and intermitting pains as in parturition. She gave the following history : Had suppression of menses immediately after puberty ; much pain and difficulty followed. At the age of twenty she married, and in about

a year gave birth to a child, and to a second a year and a half after. At the time of this second birth she observed a tumor in the abdomen on the right side, and felt motion in it. In a month she was seized with severe pain, which continued a week and ceased. Her health became good, although she still felt the motion in the tumor; she became pregnant again, and gave birth to a third child. After this she still noticed the tumor, and that it had enlarged since the previous birth. She now had a recurrence of pains every three weeks, accompanied with slight hemorrhage; motion was also distinctly felt in the tumor. This condition continued for eighteen months, when, after a most violent attack of pain all motion in the tumor ceased, and she believed she knew the instant that death had taken place.

The tumor then lost its natural feeling, and, as she expressed it, spread itself out over the bowels, and felt flabby and dead.

On June 4th an incision was made through the linea alba; the knife came in contact with a hard gritty substance, three or four lines in thickness; upon cutting through this a dark brown fluid was discharged to the amount of three or four quarts. The operation was stopped at this point on account of syncope of the patient.

On July 15th a bone presented itself at the orifice; she took hold of it and pulled it out, and immediately afterwards there followed a mass of bones, hair, and putrid matter. The discharge after this was small, and gradually grew less in quantity and offensiveness, and ceased altogether in about five weeks, and the integuments closed up by adhesion.

In December her health had become good, and the menses had returned.

CASE XV. *Dr. Louis R. Cooke. Uterine and Extra-uterine Pregnancy progressing simultaneously to the Full Period of Gestation. Death. Autopsy.*

Mrs. E. R., age thirty-nine, in her fourth labor, was seen December 8, 1862. Her previous confinements were unaccompanied by any unusual conditions. She was suffering with colicky pains, but her pulse was good, and she was cheerful; she had been confined to the house during the whole of her pregnancy.

On examining the abdomen, the patient lying on her back, a swelling could be mapped out, presenting the following peculiarities: it appeared to spring from a comparatively plain surface, about midway between the ensiform cartilage and the umbilicus;

on the right side also it appeared to rise from a line which would correspond to the outer edge of the rectus, the apex reaching above the umbilicus. A careful examination revealed the undoubted existence of a living fetus in the tumor; the limbs could be distinctly felt, and the placental souffle was clearly audible over a large surface, but the pulsations of the fetal heart could not be made out.

On examination, per vaginam, the canal was found much elongated; its rugæ obliterated, with the exception of an irregular annular fold of the membrane in the ordinary situation of the vaginal cul-de-sac, and the os uteri drawn up so far as to be entirely out of reach. Mr. Spencer Wells, in consultation in the case, discovered the sound of two fetal hearts.

At nine P. M., on the same day, strong labor pains set in, and it was found that the sacral concavity was occupied by a firm, round, resisting tumor, presenting no trace of fluctuation, and immovable; it reduced the antero-posterior diameter to less than two fingers' breadth. On passing the forefinger through this space no os could be discovered; but the os was completely dilated and rested on and anterior to the symphysis pubis, a small portion of the cranial surface of the fetus could be reached.

A successful effort was made, with the patient under chloroform, to raise the tumor out of the pelvis; version was then performed, and after much difficulty a dead fetus was delivered. Pulsation in the cord ceased during delivery; the placenta was removed without difficulty, — the whole operation occupying about thirty minutes. The uterus contracted firmly.

The patient gradually sank, and died at 7.30 P. M. on the 11th.

Autopsy twenty-one hours after death. On opening the abdomen, by an incision from the ensiform cartilage to the pubes, the body of a full-grown female child, contained in its membranes, which were unruptured, came into view.

The anterior surface of the chorion was in immediate relation with the abdominal peritoneum, to which it was not adherent, nor was it enclosed in a capsule of any sort.

The fetus was attached by a long cord to the placenta, which was firmly attached to a shallow basin, the whole surface of which it occupied.

This was tied down on the peritoneal aspect by very numerous and strong bands of old adhesions, so tough as to resist all efforts to break them down with the fingers, and even offered re-

sistance to the knife. The placenta was very large and occupied the inner surface of the right Fallopian tube, which had expanded into a shallow capsule for its attachment, leaving the containing membrane of the fetus free from its covering, except such as was afforded by the maternal abdominal walls.

In the discussion which ensued upon the relation of this case, Dr. Cleveland wished to know whether the post mortem examination revealed such a condition within the abdomen, that if gastrotomy had been performed soon after the birth of the first child, there would have been a reasonable probability of a successful result? To this inquiry Drs. Hicks and Greenhalgh replied that they would have advised the operation in case the fetus was alive, but not if it had been dead. Mr. Spencer Wells did not agree with Drs. Hicks and Greenhalgh, but believed that it was true that when the child was dead the woman might live for many years and not suffer very much; he therefore did not think it right to subject a patient to a very dangerous operation on the slender chance of the child surviving. It could hardly be expected in this case that the patient could have survived the process of the separation of the placenta, after the removal of the child, and it is doubtful whether her life would have been lengthened or shortened by gastrotomy.

CASE XVI. *Dr. M. J. De Rosset.*—Mrs. M., age twenty-seven, a large, tall, robust woman, married four years, primipara, menstruated at sixteen, and enjoyed excellent health. Date of last menstruation November, 1875. She suffered excruciating pain in the right iliac region. Inspection revealed a tumor rather low down in the right iliac region, as large as a small fetal head, firm and solid, and encroaching somewhat upon the median line. A digital examination revealed the os soft and patulous, with but little development. There were also present the mammary gland changes, indicating pregnancy, with morning sickness, etc.

On the 28th of March there appeared a slight sanguineous discharge lasting one day. The tumor continued to enlarge for one month, and then ceased to grow; at this time it had attained the dimensions of a large fetal head.

During the latter part of April fetal movements were felt in the uterus, the outlines of which were well defined, and occupied a central position. Intra-uterine pregnancy was now a fixed fact, but the original tumor remained a matter of doubt.

On the morning of August 5th she was found in the first stage

of labor, the os dilated but little, and dilating slowly, with breech presentation, the uterine contractions being rather feeble. At 7 P. M. the patient was delivered of a dead female child, weighing about seven pounds, and well developed. The uterine contractions, during the third stage of labor, were feeble; the placenta was attached to the right lateral wall and fundus of the uterus, exactly at that point of the uterus in contact with the tumor. It was detached and removed with difficulty, and considerable hemorrhage occurred from the want of sufficient uterine contractions. Hemorrhage continued to occur at intervals for the next two weeks, and was with difficulty controlled.

The tumor remained much the same after the uterus was emptied, with the exception that it became more prominent and its outlines better defined.

Two weeks after labor septicemia set in, which defied all treatment, notwithstanding the most energetic measures were resorted to, both local and constitutional. The patient's condition became daily more hopeless, with dissolution likely to occur at any hour. The odor about her bed and person, which had been controlled by disinfectants, now became so offensive that her friends could not remain near her.

About the 15th of October a portion of the fetus protruded from the vulva. It was in an advanced stage of decomposition, but was supposed to be near the fifth month of development; the placenta and cord were plainly discernible. It was ascertained that the fetus passed through the os uteri.

After the escape of this putrid mass the tumor underwent marked diminution, and the general health of the patient improved rapidly, and four months afterwards she was in the enjoyment of vigorous and robust health, with not a vestige of her former trouble remaining.

CASE XVII. *Dr. J. P. Pennyfather.*—Mrs. H., aged thirty-eight, the mother of five children, miscarried in August, 1861, and became pregnant in the following October. From the time of conception she suffered exceedingly, and thought that something was wrong. On April 3, 1862, she was seized with violent pains in the abdomen, which lasted several days. On September 4, after six hours' labor, a full-grown female infant was born. The abdomen still appearing very large the doctor in attendance suspected twins, but, after some hours, pronounced it an ovarian tumor. Soon after this Dr. Pennyfather saw her and found her

free from pain and cheerful. Upon examination he distinguished the sound of the fetal heart and the movements of the fetus. Ergot was given, which acted powerfully upon the uterus, but the tumor was not influenced by it. Half an hour afterwards no movements could be detected. He at this time decided that it was a case of combined intra- and extra-uterine twin pregnancy.

The patient had become greatly emaciated, but now gained flesh rapidly; there was but slight discharge from the vagina, and the breasts secreted no milk. Her recovery was steady and uninterrupted. The tumor was afterwards pronounced ovarian by Dr. Oldham. Dr. Ramsbotham, however, agreed with Dr. Pennyfather's diagnosis.

Her health improved for three months, but during the latter part of January, 1863, she was obliged to call in medical assistance.

In February a hectic condition set in, with diarrhea and profuse sweats; pulse from 120 to 160. Opium was given freely; purgatives caused extreme depression. On the 14th of February fluctuation was detected in the left iliac region. The gentleman attending concluded that it was fluid in the ovary. A full-sized trocar was plunged into the swelling; no fluid was obtained, but the trocar was covered with fecal matter.

On March 10th Dr. Pennyfather was again sent for, and upon examination with a speculum a fetal bone was seen projecting into the vagina. The whole of the mass, consisting of bones, hair, and portions of the fetus, were extracted, the patient being slightly under the influence of chloroform. A large amount of fecal matter was also passed with the fetus through a large rent which was found in the posterior wall of the vagina to the right of the os. For several days all fecal matter was passed through the vagina; but afterwards all passed naturally, and on May 14 her health was good and her appetite and spirits were restored.

Dr. Pennyfather believed that the head of the fetus had become fixed against the upper part of the recto-vaginal septum, and had caused ulceration through into the bowel. The puncture of the tumor, which at the time was looked upon as a great error, acted beneficially, for the fetus descended immediately afterwards.

CASE XVIII. *Dr. S. F. Starley.* — Mrs. W. had been delivered in October, 1872, of a full-grown living child. Afterwards the abdomen was as large as at full term; the outlines of a full

grown fetus could easily be made out, and its movements also seen through the thin abdominal wall. The patient was unwilling to undergo an operation.

As she was very much emaciated she was placed upon sustaining diet, but she gradually sank, and died two months after the birth of the first child.

All motion in the extra-uterine fetus had ceased one month before the death of the mother.

No autopsy could be obtained.

CASE XIX. *Dr. S. Pollak.* — Mrs. I., aged twenty-five, of robust appearance, was seen January 8, 1871. She had previously had two children, and was within a month of full time. She suffered from very intense pain, tenesmus, and difficult defecation, with pressure on the rectum. She was relieved, and went on to full term, and was delivered by a midwife, on February 3, of a living child.

She was again seen by Dr. Pollak on February 14, her pains having continued very severe since her confinement. She died on the 17th, and an autopsy was made. A full-grown fetus was found to the right of the uterus, in the sitting posture, with its back towards its mother's abdomen.

The placenta occupied nearly the whole of the left and lower part of the abdominal cavity.

CASE XX. *Dr. S. T. Satterthwait.* — Mrs. R., aged thirty-five, the mother of three children, was delivered in August, 1869, of a dead child.

Her abdomen was much enlarged afterwards, — so much so that a tumor was supposed to exist. From this time her health became poor, she was emaciated, and hectic fever set in.

On September 27, 1870, an offensive discharge took place through the vagina. Upon examination an opening was found communicating with the peritoneal cavity, through which the bones and remains of a fetus were removed.

After this she got well, and again became pregnant, and had a healthy child in 1872.

CASE XXI. *Dr. E. Paul Sale.* — A negress, aged twenty-two, single, and a cripple from atrophy of the left leg, claimed that she had been tricked by a negro man, and had a large snake in her abdomen, which she easily felt through the integuments, and the movements of which gave her great pain. Dr. J. W. Moore had been in attendance about three weeks, when he

called Dr. Sale on March 2, 1870. They both diagnosticated extra-uterine pregnancy. At this consultation the woman weighed about 110 or 115 pounds. Respiration was 37, temperature 97.25°, pulse 135, small and weak. The os uteri was not dilated, the cervix was elongated, the outline of the uterus not definable by bi-manual exploration. She stoutly denied intercourse. She had had contractile pains for four weeks, and became rapidly emaciated.

Dr. Sale operated on March 3, making an incision to the left of the median line to suit the case. A hard and glistening tumor was revealed. He tried to determine its connection with the uterus by moving it, with the finger at the same time upon the os. It moved slightly, but the connection could not be made out. The cyst was so thin that the first cut of the knife opened it, blood gushed out, and the placenta soon came into view. This was extracted, along with a living child, and the sac rapidly reduced itself in size, and allowed the uterus, which it had almost entirely overlaid, to be felt. It was found to be large and globular, as if impregnated. In consultation it was decided to open the uterus, which being done, another living child with its placenta was removed. The abdomen, cyst, and uterus were cleansed of all coagula, and the wound closed. A sound was passed with some difficulty through the os to allow the discharge to pass through.

The after treatment consisted of large doses of morphia, nutritious diet, and stimulants, the wound was dressed with carbolyzed water. From the 4th to the 7th the pulse ranged from 150 to 155, and hiccough persisted through the same period. Sanious discharge from the wound continued, and severe pains in the arms and breast. She died of supposed septicemia at three P. M. on the 7th, about ninety-three hours after the operation. Both children lived about a year after the operation.

CASE XXII. *Dr. F. T. Pellischek.* — Dr. Pellischek, having delivered the uterine fetus, in removing the placenta felt another living child in the left hypochondriac region. He determined not to interfere. All movement in the fetus ceased in a short time. One year later the mother was quite well and the tumor had diminished much in size.

CASE XXIII. *Dr. Chabert.* — Mrs. P., aged twenty-five, gave birth to a child in June, 1874, at the Military Hospital of Medeah, and entirely recovered. One month after she became conscious

of a tumor in her abdomen; in five months contractions in the uterus resembling labor set in. The tumor became inflamed and ulceration at the umbilicus took place, which gave passage to the foot of a fetus. The husband, an Arab, pulled it out with the corresponding leg. Through this opening there continued to flow for three weeks a very offensive discharge, containing at times the debris of bone and flesh. Symptoms of septicemia set in; disinfectant washes of permanganate of potash (1 to 200) were freely used.

On November 16 gastrotomy was done, the incision being made in the linea alba; the remains of the fetus were drawn out and the sac thoroughly washed. The wound soon healed up.

The bones belonged to a child of more than usual size.

CASE XXIV. *Dr. H. P. C. Wilson.* — Mrs. B., aged twenty-four, had been delivered of three living children at single births, and on April 5, 1880, gave birth to the fourth, which was premature, having been born one month before the time of her expected confinement. The delivery, which took place during the attendance of a midwife, was perfectly normal; but soon after both the midwife and Mrs. B. recognized the fact that another child was still unborn. On April 18, Dr. Wilson was called to see the patient and the diagnosis of an extra-uterine pregnancy was then made. He decided that it was better to carry her as near to term as possible and then to operate by laparotomy, which was accordingly done on May 11, and a living, male child was removed, weighing eight pounds. The uterus was found irregular in shape, the pelvic portion being imperfectly contracted; from the right corner extended a long process, into which the sound had been passed previous to the operation, and to which the cyst was attached, as well as to that portion of the uterus just above the brim of the pelvis. The placenta was attached to the lower part of the elongated mass.

The sac was sewed to the abdominal walls with carbolized silk, and the external incision closed with silver wire sutures. The operation was performed under carbolic spray, and everything was carbolized; the cord was brought out at the lower angle of the wound; the operation required an hour and ten minutes for its performance: chloroform was the anesthetic used. Before the operation her temperature was 100°, and pulse 104; these gradually rose until eight hours after, when the pulse was 130 and temperature 103.6°.

After-pains and troublesome cough greatly annoyed the patient; and a tendency to vomit prevented her being able to take nourishment except per rectum.

Two days after the operation the pulse was 136, and the temperature 103°; the cough moderated, and she was able to retain a little milk and lime-water; night, temperature 104.6°; respiration 36.

Sixty-six hours after the operation and twenty-four hours before death the pulse was 128, temperature 101.2°; she had a good night, her countenance was cheerful, and she was inclined to joke; she retained $\frac{3}{4}$ iv of milk and the same quantity of lime-water. In seven hours her pulse was 135, temperature 104°; her countenance became bad, and jactitation appeared; four hours later her pulse was 155, temperature 106.2°; the countenance pinched and dirty, and offensive discharge escaping from the wound.

An attempt was now made to remove the decaying placenta, but it was still firmly attached, and the trial brought on hemorrhage, to control which pressure was made with carbolized sponges; the gaping wound was then filled with carbolized cotton.

The pulse, which had become too rapid and feeble to be counted, fell to 138 and the temperature to 101.8°. Feeling better she took and enjoyed a cup of strong tea; she then asked to be raised in bed, turned blue in the face, and expired in a few minutes, at 7.30 A. M. of the 15th, ninety hours after the operation. There had been no chill, no profuse sweats, no muttering delirium, no sweetish breath, no sudden and great rise of temperature, or other indications of septicemia.

The child delivered under the operation is now fourteen months old and is well and thriving.

Autopsy two and one half hours after death. The abdomen much distended by gas in the intestines; no fluid in the abdominal cavity, no peritonitis or congestion of the membranes; The sac very closely adherent; three distinct placentas, each with its own set of vessels. These were attached to the fundus and left side of the uterus, left Fallopian tube, and upper part of the left broad ligament. There were no indications of the slightest separation of the placenta. The uterus was reduced to about one half the size it was at the time of the operation.

